THE RECOVERY KERNEL

DISCONTINUANCE PROTOCOL: METHEDRONE

4-Methoxymethcathinone (bk-PMMA) – Wit special atenshon on polypharmacy.

Dis guide dey here because stopping safely depend on all di otas tins wey you dey take, no just di methedrone alone.

⚠ DIS NA RESOURCE FOR HARM REDUCTION – NO BE MEDICAL ADVICE | Crisis: kpol 112 oder send text to 08062106493.

Most of dis series dey focus on one substance at a time because di risk of withdrawal dey mostly for one substance. Methedrone na different thing for one specific way: im serotonergic properties and mild reversible MAO-inhibiting mechanism mean say di biggest danger during methedrone discontinuance often no be di withdrawal itself, but rather how e interact with other things wey don dey inside person body, whether dem prescribe am or not. Dis guide see dis as di most important thing, no just small information.

Section 0 — Urgent Safeti: Read Dis Firs.

🚨 MEDICAL EMERGENCY

IF YOU don tok methedrone while you dey take SSRI, SNRI, MAOI, tramadol, dextromethorphan, triptans, St. John's Wort, or any oda medicine wey affect serotonin—or if you just stop taking one of dis medicines—observe yourself well-well for serotonin syndrome. E fit start within few hours and e go progress quick-quick. Call 112 or go to emergency room if you see: restlessness or confusion, fast heartbeat, high blood pressure, big pupils, heavy sweating, muscle shaking or stiffness, diarrhea, and fever—especially if dem dey happen together.

Serotonin sindrom tripla, wey dey explain am for simple language:

- Chanjis wey dey affect how person tink — agitashon, konfushon, restlessnes.
- Autonomic instability – dey fit kause fever, rapíd heartbeat, high blood pressure, sweat, and diarrhoya.
- Neuromuscular problems—shaking, stiff muscles, shaking (myoclonus), reflexes wey dey too strong, lose of coordination.

Any kombinashon we dis afta methedrone use, espesially if you take anoda tin wey affect serotonin, na big problem. Tell people wey dey respond to emerjensi exactly wetin person don take—dis one go help dem treat am well-well.

⚠ JAH-JAH!

Dis guide no go give you any plan on how to gradually stop using methedrone, how much to reduce di dose, or how to take am. No dey any proper medical way to do dis. And because of di risks wey we talk about for dis guide, try to stop yourself without doctor help na serious risk, more dan wetin dey happen with many other drugs. But dis guide go show you how to get di correct medical help and understand wetin your body and brain dey experience.

Section 1 — Wetin Make Polypharmacy Di Main Problem For Dis Matter.

THE CENTURION - Di tin wey make kombinashons dangerous.

Methedrone na one strong substance wey dey block and release serotonin and norepinephrine. E get small effect on monoamine oxidase (MAOI), but e no permanent. Dis things affect how person go feel when dem use am, and how dem go feel if dem stop using am.

If you combine methedrone with any oda drug wey increase serotonin level – like SSRI or SNRI antidepressants, MAOI (whether doctor prescribe am or not), tramadol, dextromethorphan, triptans, St. John's Wort, or any oda drug wey affect serotonin – di risk no just add up; e dey multiply. Dis na same tin wey cause problem when people use MDMA and SSRI together. Methedrone make am worse because of im small MAOI effect and how long e stay inside body. di effect last longer dan many oda drugs wey dey similar.

Dis na why 'polypharmacy' for dis guide no just mean multiple drugs wey people dey use for fun – e also includ antidepressants wey doctor prescribe, oda prescription medications, and supplements. To talk about stopping methedrone without talking about all odas tins wey de inside person body na incomplete discussion, and with dis kind drug, incomplete discussion fit cause serious problem.

Section 2 — Di Time Wey Withdraw Go Tek.

THE CENTURION – Wetin make dis kain tin last longer dan ordinary cathinone crash?

Methedrone dey take time to komot for body (pharmacological estimates say na almost one full day). Dis long time betta pass mephedrone or methylone. So, di "comedown" wey dey come afta use am and di early withdrawal period usually slow to start and slow to finish, unlike di quick crash wey dey happen with otas wey komot fast from body.

Phase	Typical Window	Wat dey happen?
Sharp fall.	12-48 awas afta di las time wey you use am.	Tiredness, bad mood, and grumpiiness fit show up later, compared to when you dey use drugs wey clear from your body quick. Dis na because di drugs stay for your system longer.
Withdrawal early.	Days 2–10	Depreshon, loss of joy, problem wit sleep, worry, appetite don change – dis dey usually show pass wetin dey happen when person stop taking drugs wey affect dopamin.
Stabilizasyon.	Wiks 2-6	Gradual normalizasyon of sleep and appetite; mood still dey fragile.
PAWS	Months 1–12	Intermittent low mood, brain dey foggy, and you dey crave things, because your serotonin and dopamine system still dey try fix themselves.

Section 3 — Wetin Go Happen Befor E Don Become Norm?

For small or experimental use, most people see say di bad symptoms dey disappear within one to two weeks. For regular or frequent use, di main time wey body dey recover – di period wey mood, sleep, and how you think still dey feel "not right" between good times – usually last from 4 to 12 weeks, and small episodes of PAWS fit happen for up to one year. If antidepressant drugs dey involved, di time wey you go feel stable also depend on how dat drug matter get settle (Section 6) – dis na why e important say no make dat decision without talk to doctor.

DEY LISTEN.

If you don dey well for one or two months and still dey face hard times, na no mean say your recovery fail. Any medicine wey dey affect serotonin strong like dis, and take long time to clear from di body, go make nervous system work very hard. Di bad feelings fit komot small-small, but e no mean say sometin don spoil.

Section 4 — Wetin You Go Fit Experience Mo.

- Wetin dey happen when you stop taking di drug fit be different from wetin happun if you just stop taking something wey only affect dopamine. Dis difference go show say e get another way wey di drug dey work, maybe through serotonin.
- Sleeep wey dey hard to recover from, sometimes wit strong dreams or dreams wey no make sense, as di body regulate serotonin.
- Wetin dey cause small-small bad feelings or worries wey fit seem too much for wetin dey happen around you – dis na PAWS pattern, no be say you don get another problem.
- If you dey use anoda tins wey dem talk about for Section 6, di process of stopping methedrone fit hard pass, and e go be difficult to know wetin dey happen if na because of di withdrawal from methedrone or because of di effects of dose odas tins. Dis one show why medical advice wey consider all di tins wey you dey use matter more for dis case, unlike when you dey only use one tin.

Section 5 — Genetic Cross-Reference

Gene / Variant	Relevance to Discontinuance
CYP2D6	Pipo wey body no dey metabolize drug well go take time to klia methedrone and di tins wey e turn into. Dis mean say di risk of problem wey fit komot from serotonergic reaction or MAOI (monoamine oxidase inhibitor) fit last longer afta person stop use am, more dan wetin normal timeline go tell us.
SLC6A4 (5-HTTLPR)	Dis one dey affect how bad serotonergic withdrawal symptoms go be, and also how sensitive each person fit be to di risk of serotonin syndrome, especially wen different drugs dey combine.
MAOA (uVNTR)	Baseline monoamine oxidase activity don affect wetin dey control how much extra serotonin di body go manage—whether na from di remaining effect of methedrone, or from other tins wey person dey use at di same time.

Gene / Variant	Relevance to Discontinuance
COMT (Val158Met)	Dis dey control di part wey involve dopamine for withdrawal, and e show how di normal system wey give joy go dey after recovery – see di oda guide, section 6.

⚠ KITION.

If you sabi your CYP2D6 status, and na "poor" or "intermediate" metabolizer, tell any doktor wey dey stop your medicine or review am – e go affect how long di risk of drug interaction dey last.

Seksiyon 6 — Polifarmasi: Di kombinashon wey matter pass.

Dis part na wetin make dis guide dey separate, so e no go be just one small paragraph for di big recovery guide. Every situation wey dey listed below go change wetin e take to stop treatment safely.

6.1 — Medikins wey doctor prescribe like SSRIs, SNRIs, or odas wey dey treat depression.

⚠ KITION

Dis na di mos common and most important tin wey dey happen when person dey take methedrone wit other drugs. If dem don prescribe antidepressant for you, and you also dey use methedrone, no decide anything about any of dia without talking to doctor. Stoping methedrone suddenly na one change; stoping or changing di dosage of your antidepressant suddenl na anoda change wey get risk of own kind of problem when you stop am. If you do both tins at same time, without talk to doctor, people go dey suffer from two problems: one na dat di drugs fit interact and cause too much serotonin, and odas na di problem wey dey happen when you stop antidepressant suddenl, all dis dey happen while your body dey try to get rid of methedrone.

Di correct tin na to tell person wey dey prescribe medicine for you, no try manage am yourself: tell dem say you don use methedrone, and also tell dem how recent e be. E fit be hard to talk dis kain tin, but na di information wey doctor need make sure say your medication safe, especially now — including whether dem go adjust anything temporary, monitor you well-well, or give you specific timeline before you start again or continue with medicine wey affect serotonin.

6.2 — Oda Stimulantes or Katịnones (For Chemsex and Polydrug Situations).

Methedrone fit dey use wit oda drugs like cathinones, methamphetamine, or GHB for chemsex or party. Every additional stimulant or drug wey affect brain go increase risk to heart and mental health, separate from di effect on serotonin. If dis be your situation, di Recovery Kernel's guides about stopping methamphetamine and GHB (wey dey in dis series) talk about di specific risks of withdrawal for those drugs – read dose guides alongside dis one instead of just focusing on methedrone.

6.3 — Alkohol and Benzodiazepines

Co-use of alcohol or benzodiazepines fit mask early withdrawal signs or warning signs wey dey cause by serotonin. Dis go make am hard to know say sometin serious don dey happen, and e fit delay di time wey person go get help. If you dey take any of dis things, tell any doctor wey dey treat you. Benzodiazepine addiction na big tin, and e get im own risks when you stop taking am. You no fit just stop am suddenly without proper care, especially if you don dey talk about methedrone too. If dis apply to you, read di "Benzodiazepine Forced Discontinuance" guide wey dey for this series.

6.4 — MAOI drugs (whether prescribed or not).

MEDICAL EMERGENCY

DI COMBINATION of METHEDRONE wit any prescribed MAOI (like PHENELZINE, TRANYLCYPROMINE, or SELEGILINE) na serious tin wey fit cause death. If dis don happen to you, dis no be di time for dis guide, taper plan, or any kind of self-management. Contact your doctor now and tell dem say you dey use METHEDRONE, or go find urgent medical help if you see any signs of serotonin syndrome like di ones wey dey Section 0.

Section 7 — Use Pattern Classification.

How to stop using methedrone safely depend well-well on how person don dey use am before—not every situation need di same amount of medical help, but di things we talk about for Section 6 still important, no matter wetin happen.

Level	Pattern.	Wat dis guide dey recommend.
1 — Eksperimental	wan or two times wey dem use am separately, and no oda tins wey dey affect serotonin.	Dokta fit check how you dey, to see if any serious tins don happen. If no be so, di different parts of di Recovery Guide wey talk about how body dey rebuild self go be enough.
2 — For time to time.	Regular enjoyment, usually with other people or at special occasions.	Okay, I understand. I will follow all the rules and instructions you've provided, paying close attention to preserving the original text, especially regarding LOCKED TERMS and safety terms. I will also be mindful of maintaining a consistent Nigerian Pidgin register.
3 — Regular/Escalating	Di use don dey happen pass before, or e get betta consequence now.	Dokta shuld dey involved bifor you stop di medicine, espesially so dat dem fit check any oda medicine wey you dey take.
4 — Dependent / Polydrug	Frequent use, ofen wit oda stimulatings drugs, GHB, or drugs wey affect serotonin.	Medical supervision dey very important; no try stop taking many drugs at di same time without talking to doctor.

Section 8 — Di Medical Detox Protocol.

Dis section dey here to help yu or anybody wey dey support yu, make sure say dem give yu di correct treatment. No get any medicine wey FDA don approve for methedrone or synthetic cathinone withdrawal, and—unlike opioids or alcohol—no get any standard way

to do detoxification wey specific for dis kind drug. Dat na why di doctor need know everything else wey dey inside your body (Section 6), because dat one go help dem plan di best treatment for yu.

⚠ KITION.

Dis guide no go explain how to reduce dosage gradually, wetin time to use, or how to take methedrone, or any other drug wey dey used to stop person from taking am. Na dis gap be between "we sabi how e dey work" and "dis safe for you do yourself without anybody help," and na here people dey get problem. A doktor or addiction medicine specialist, wey sabi your drugs and how long you don been dey use dem, na im go fit give you dat kain specific information.

Wat to bring to di appointment:

- Full list of everyting wey you don take – medicine wey doctor prescribe, medicine wey you fit buy yourself, and any other tin – plus when you las' tok am.
- Dis guide section 5 na where you fit see information about genetics, if you get any test result wey dey important.
- Any serotonin syndrome symptoms wey you notice while dey use am, even if dem small or no last long—dis na important information for assess di risk.
- Okay, my goal na to translate text into Nigerian Pidgin, followin di rules wey you don give me. I go stop as soon as I don finish di translation.

Section 9 — Di Recovery Protocol (After di Acute Stage).

Dis part dey start afta any serious medical problem don solve (Section 0), and if e dey possible, one doktor don check all di medicine wey you dey take and anything else you dey use.

Tier 1 — Biological Foundation

- 5-MTHF (aktiv folate) – e don help with di process wey dey involve in makin neurotransmitters, and dis process depend on methylation.
- Magnesium glycinate – e don help with sleep and regulate di nerves well-well; small chance say e go cause any problem wit other drugs.
- Omega-3 (EPA/DHA) – e dey help reduce inflammation wey dey affect di brain, and e don show say e safe to use.
- Regular protein intake and eating at regular times—e don help with how brain chemicals dey form and make sure your blood sugar stay stable, which important for making your mood steady when you dey recover.

Tier 2 — Medical and Psychiatric Support.

Any decision about medicine, including if to start taking antidepressant again, or when to do am, or if di one wey you dey take need review, na for doctor's discussion from Section 8, no be for self-help. Dis part intentionally left for dat conversation instead of listing am here generally, because of all the things dis guide don talk about how medicine fit affect each other.

Tier 3 — Nervous System Regulation.

- Everyday breathing exercise—na must do, especially because of di long time wey dey for Section 2.
- Regular aerobic exercise, wey dey start small-small, e don help with di recovery of dopamine and serotonin.
- Maintain regular sleep and wake times, even if your sleep no dey good.
- Isolation and secret-keeping about di matter of taking many drugs at same time na big problem, no be only small obstacle to getting betta.

Section 10 — Emergency Recognition, Re-stated.

MEDICAL EMERGENCY

GO TO EMERGENCY ROOM IMMEDIATELY FOR: agitation or confusion, rapid heartbeat, high blood pressure, pupils wey big, heavy sweating, muscle twitching or rigidity, diarrhea, and fever — especially if dem dey happen together, and especially if you don take any drug wey affect serotonin (serotonergic medication) or other substance alongside methedrone. Dis one important throughout di time wey you dey use am, and for at least several days afta you stop use am, because methedrone go stay for your body for longer time.

If you get low mood, tire, and sleep problem, but no get any of di things above, dis na normal tins wey fit happen according to di timeline for Section 2. You fit contact doctor same day, but e no be emergency wey need go ER.

Section 11 — Kompleet Protokol Kros-Referens Mapa.

If dis dey apply to you.	Okay.
General information about methedrone recovery, biology, and genetics.	Recovery Kernel — How to recover from methedrone (wetin follow am).
Methamphetamine wey person dey use wit other drugs.	Recovery Kernel - Protokol for stop using methamphetamine: [No furda information available.]
Co-use of GHB / GBL / 1,4-BD.	Recovery Kernel - Protokol for stop using GHB:
Co-use of benzodiazepines.	Recovery Kernel - Forced stop: Benzodiazepines.
Slep wey dey help body fix and renew.	Main Compendium — Protocol 09, Sleep Architecture
Environmental redesign / reduce di way people fit enter.	Main Compendium — Protocol 05
Naturál addiction porting framework.	Main Compendium - Protocol 28 (C-28)

Section 12 — Closing

🛡 SANCTUARY

Di tin wey make methedrone discontinuation different from many oda tins na say di withdrawal no be unusually bad – e get to do wit one honest and complete discussion about everyting else wey dey inside your body, whether dem prescribe am or not. Dis conversation fit feel like di hardest part. And e be di most important tin wey go protect you. One doctor wey get all di information fit help you pass through dis safely. But one doctor wey no get all di information no fit – no be because dem no sabi, but because di information wey go change di plan dey missing. dem still.

END OF GUIDE — DISCONTINUANCE PROTOCOL: METHEDRONE

Harm reduction resource - dis no be medical advice - no replace urgent medical care.

Crisis Resources: 988 (Suicide & Crisis Lifeline, call or text) | Crisis Text: HOME to 741741 | SAMHSA: 1-800-662-4357